

# Improving Tobacco Use Interventions in Massachusetts' Community Health Centers: A Health Systems Approach

Promising Practices: Achieving Health and Social Equity in Tobacco Control

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Massachusetts Department of Public Health, Tobacco Cessation and Prevention Program

# Presenters:

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Jo-Ann Kwass, MDiv; MS

Project Manager/Chronic Disease Integration Liaison

Massachusetts Tobacco Cessation and Prevention Program

Thomas Land, PhD

Director of Research and Surveillance

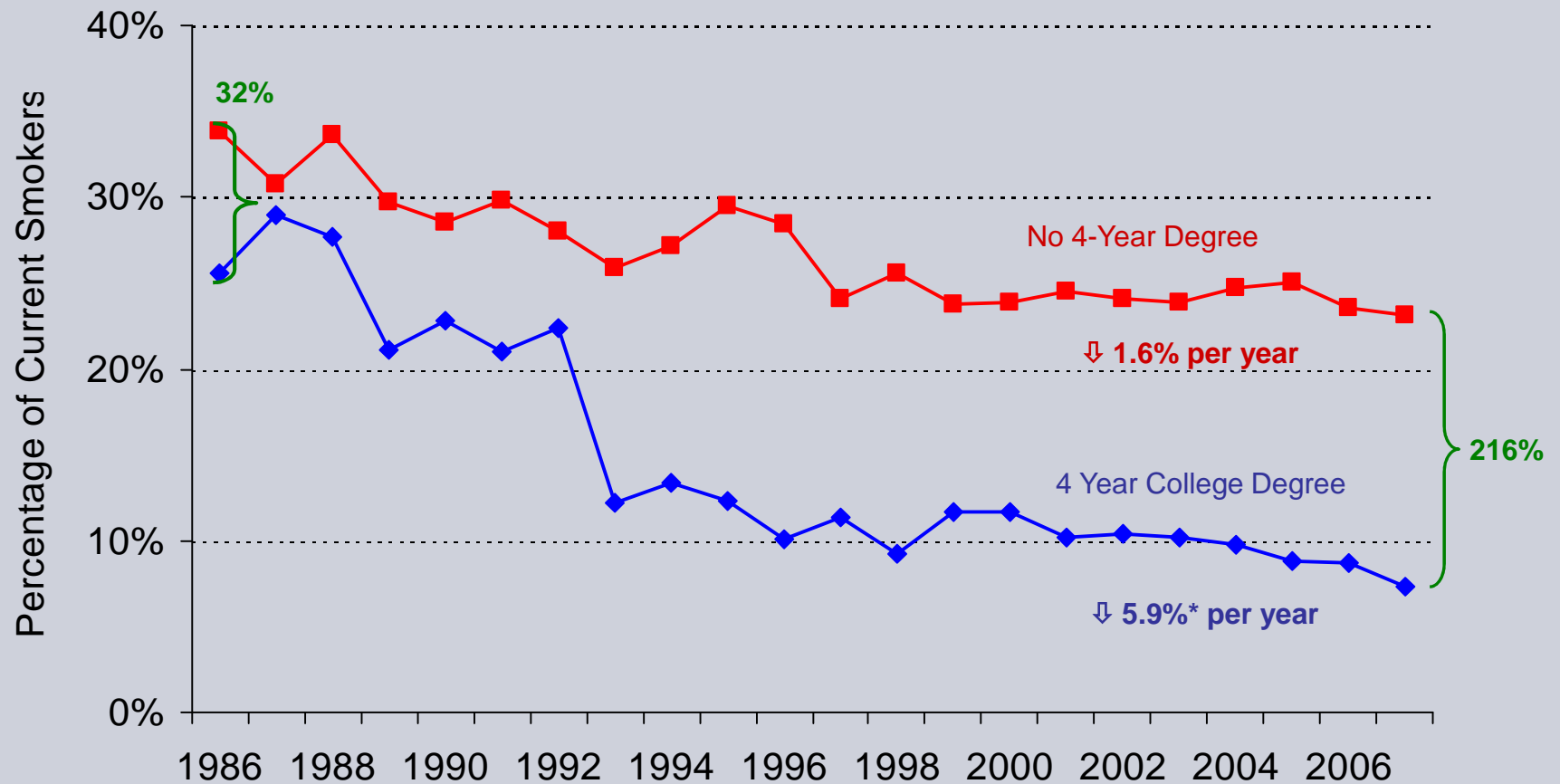
Massachusetts Tobacco Cessation and Prevention Program

# Goals of Presentation

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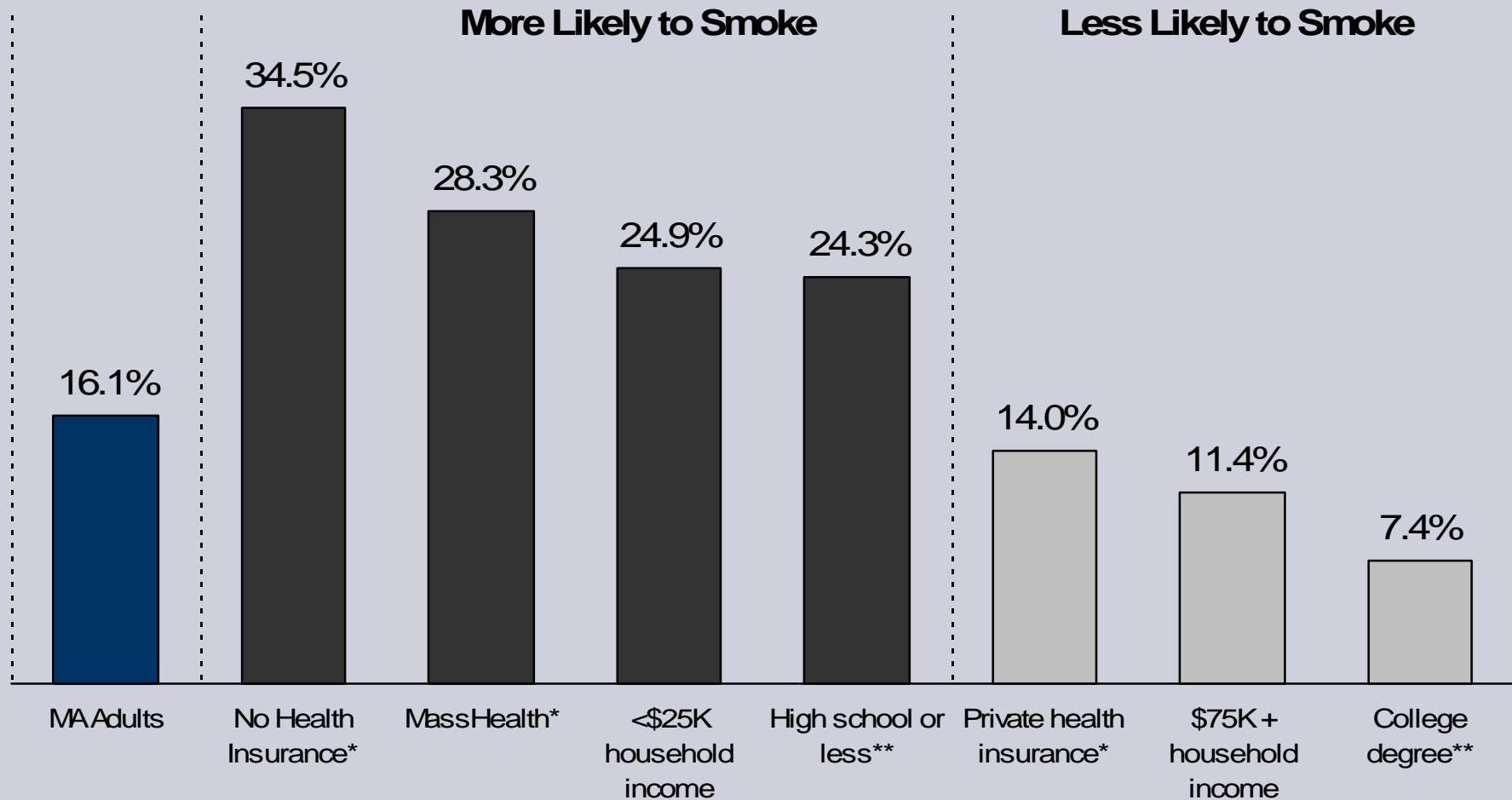
- Describe a “health systems change” project to improve tobacco use interventions in 19 Massachusetts community health centers
- Review process measures and lessons learned
- Discuss preliminary outcomes
- Small changes can lead to large impacts

# Adult Smoking Prevalence by Education Level: Massachusetts, 1986-2008



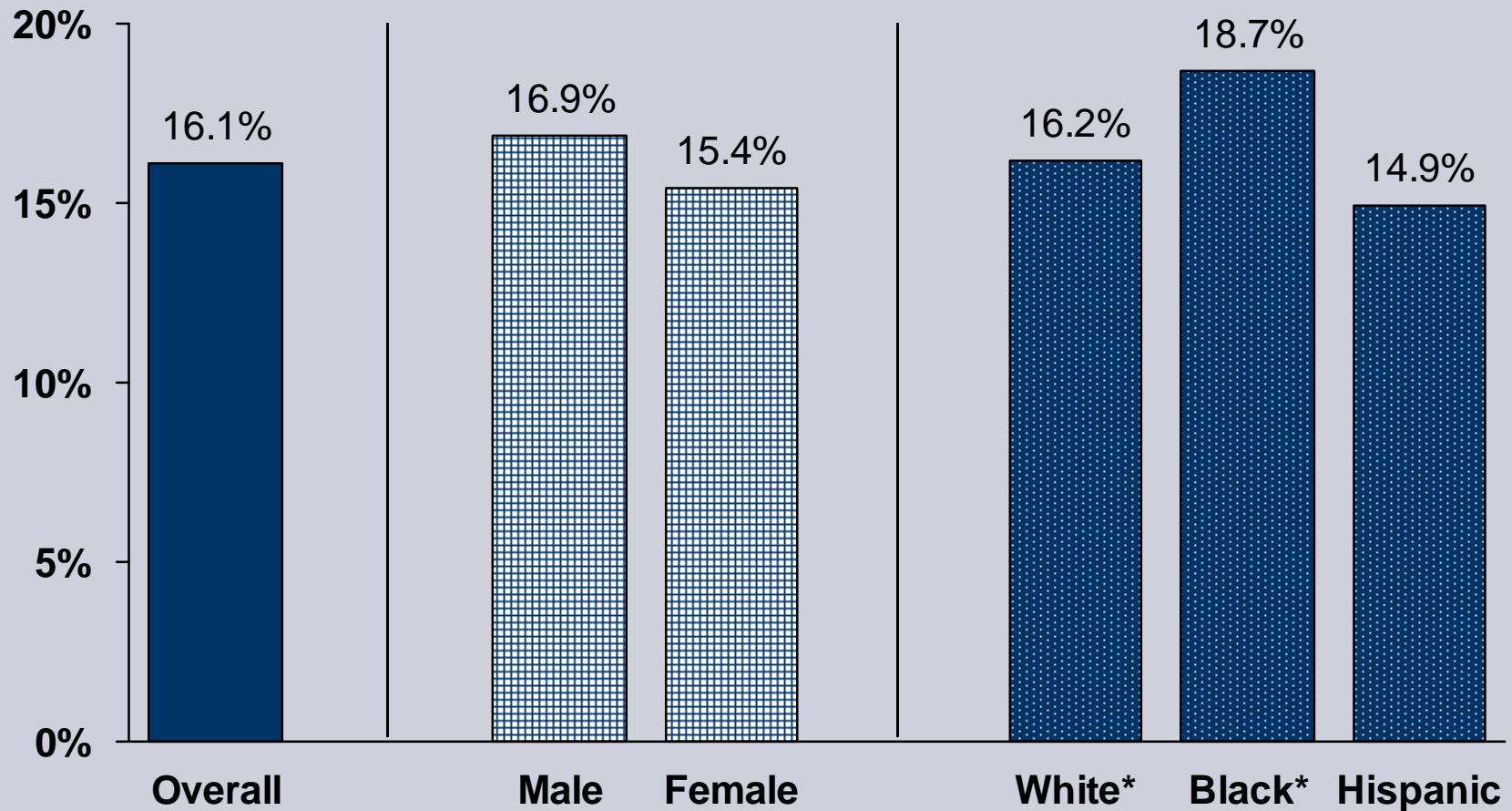
<sup>1</sup> two years moving average

# Adult Smoking Prevalence Among Subgroups: Massachusetts, 2008



Source: Massachusetts BRFSS, 2008. \* Adults, age 18-64 \*\* Adults, age 25+

# Adult Smoking Prevalence By Demographics: Massachusetts, 2008



Source: Massachusetts Behavioral Risk Factor Surveillance System, 2008  
\* Non-Hispanic

# Brief Profile of Massachusetts Community Health Centers

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- 52 CHCs (FQHCs and hospital-affiliated) in 285 sites
- 760,000+ residents served – 1/9 of population
- Low income; publicly insured or uninsured: 30-40% enrolled in Medicaid
- High rates of smoking and increased risk for chronic disease
- Racially and ethnically diverse patient populations

# Rational for Focus on Community Health Centers

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- High quality primary and preventive care for low income, vulnerable populations
- Culturally and linguistically appropriate services
- Effective management of chronic disease such as diabetes, CVD, asthma
- Medical and healthcare home for 20 million people

## Systems Strategies to Reduce Tobacco Use\*

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- In contrast to strategies that target only the clinician or tobacco user, systems strategies are intended to ensure that tobacco use is systematically assessed and treated at every clinical encounter.

# Systems- Strategies to Reduce Tobacco Use -- Recommendations\*

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- Tobacco user identification systems in every clinic
- Training resources and feedback to ensure consistent delivery of effective treatments (e.g., “5As”)
- Dedicated staff to provide tobacco dependence treatment and assess delivery of treatment in staff performance evaluations

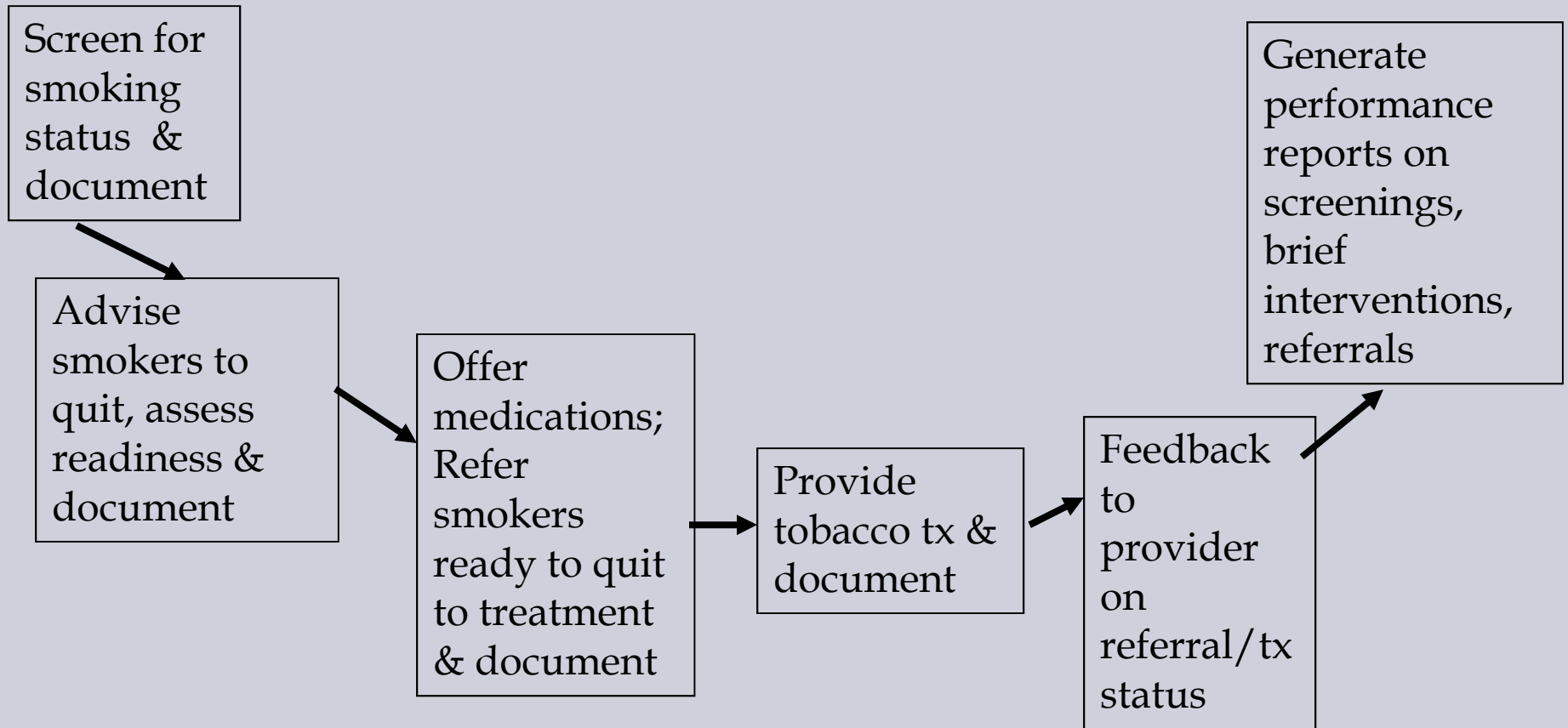
\* Clinical Practice Guideline (2008 Update)

# Goals of CHC Tobacco Use Intervention Project (FY07 – FY09)

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- Improve CHC systems to support evidence-based tobacco use interventions
- Promote utilization of state's new Medicaid cessation benefit
- Increase use of QuitWorks fax referral program
- Integrate tobacco use interventions with CHC quality improvement processes

# Tobacco Use Intervention and Referral Performance Improvement Model



# Brookside Health Center: Year 1 Activities

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- Survey screening staff and providers on knowledge/attitudes about tobacco use interventions and documentation in EMR
- Draft protocol guidelines for screening and interventions and train staff and providers
- Implement use of new intake form to capture tobacco use status and readiness to quit
- Troubleshoot issues with EMR reporting capabilities

# Brookside Health Center: Year 2 Activities

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- Integrate tobacco use interventions into CHC quality improvement (QI) processes
- Supplement EMR reports with random chart audits for more timely feedback
- Train ancillary staff (e.g. CHW, MA) as tobacco treatment resource

# Brookside Tobacco Interventions Tracking

	<b>Baseline September 2008</b>		<b>August 2009</b>
# Pt. Visits	1797		1296
# Pts. Screened	568 (32%)		910 (70%)
# Brief Interventions	67 (61%)		103 (62%)
(# %) *RTQ smokers on RX or referred to counseling	1		30 (83%)
* Ready To Quit			

## Brookside 2-Year Project Outcomes

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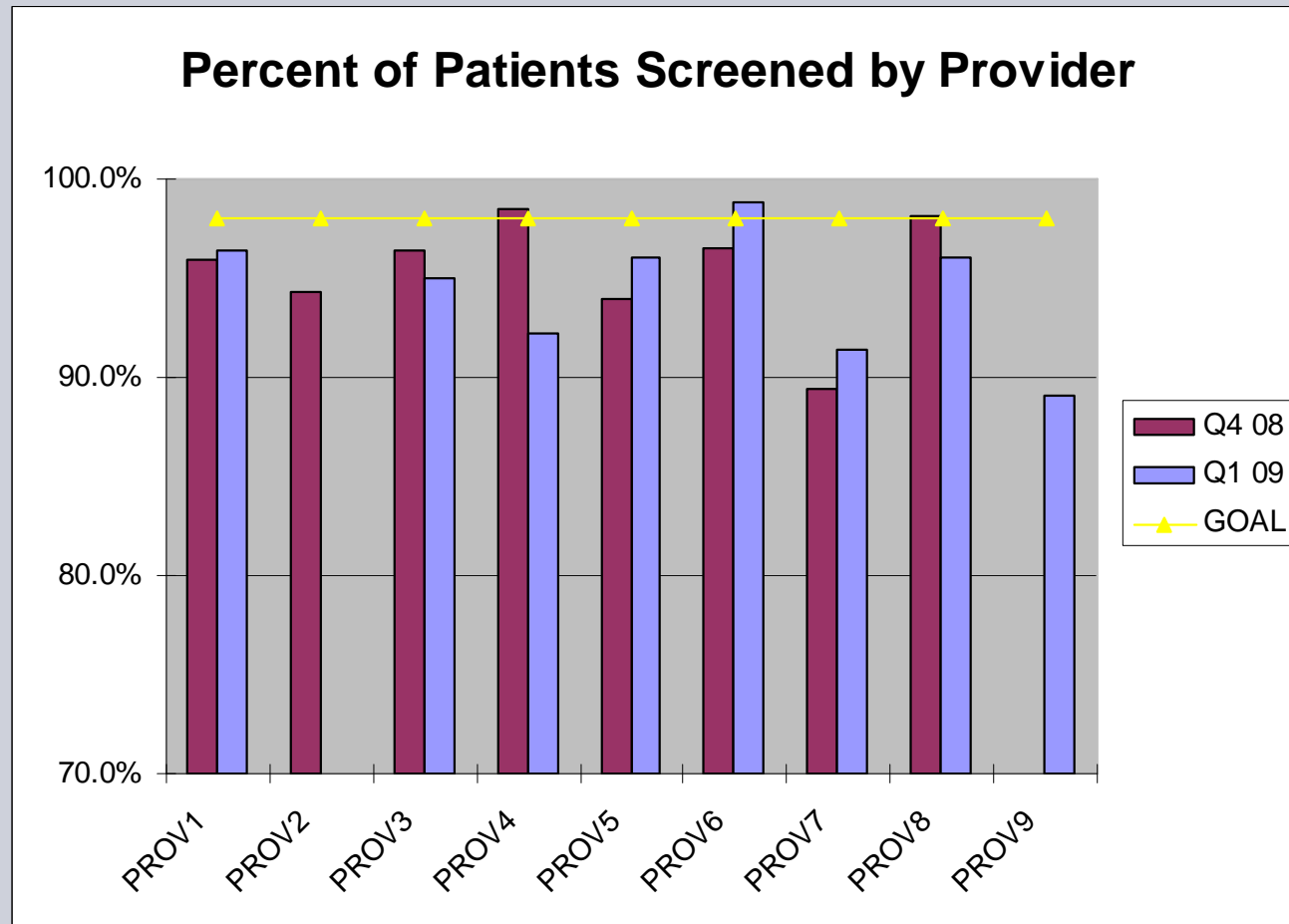
- Support staff are working towards goal of screening 85% of visits
- Providers do more brief interventions leading to increased referrals and prescriptions for cessation medications
- CHW in a “caseworker” role supports provider interventions and patient follow-up

# CODMAN SQUARE QUARTERLY TOBACCO REPORT

## JAN-MAR 2008

PROVIDER	VISIT COUNT	SCREENED		SCREENED USE TOBACCO		SCREENED USE TOBACCO ADVISED TO QUIT		SCREENED USE TOBACCO ADVISED TO QUIT READY TO QUIT		SCREENED USE TOBACCO ADVISED TO QUIT READY TO QUIT INTERVENTION	
		TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
<b>CODMAN SQUARE</b>	<b>5368</b>	<b>2015</b>	<b>38%</b>	<b>488</b>	<b>24%</b>	<b>323</b>	<b>24%</b>	<b>257</b>	<b>80%</b>	<b>79</b>	<b>31%</b>
PROVIDER A	1695	517	31%	158	31%	85	54%	72	85%	3	4%
PROVIDER B	328	104	32%	29	28%	24	83%	24	100%	6	25%
PROVIDER C	315	55	17%	32	58%	18	56%	3	17%	0	0%
PROVIDER D	287	20	7%	8	40%	4	50%	3	75%	2	67%
PROVIDER E	280	183	65%	38	21%	22	58%	20	91%	4	20%
PROVIDER F	221	207	94%	40	19%	39	98%	28	72%	7	25%
PROVIDER G	215	155	72%	7	5%	3	43%	3	100%	0	0%
PROVIDER H	195	44	23%	13	30%	9	69%	9	100%	1	11%
PROVIDER I	192	189	98%	23	12%	23	100%	19	83%	18	95%
PROVIDER J	179	56	31%	19	34%	14	74%	10	71%	0	0%
PROVIDER K	177	64	36%	11	17%	8	73%	6	75%	2	33%
PROVIDER L	137	45	33%	10	22%	8	80%	7	88%	7	100%
PROVIDER M	129	58	45%	21	36%	15	71%	13	87%	12	92%
PROVIDER N	113	60	53%	12	20%	11	92%	8	73%	3	38%
PROVIDER O	98	30	31%	6	20%	4	67%	2	50%	1	50%
PROVIDER P	96	43	45%	7	16%	5	71%	3	60%	0	0%
PROVIDER Q	96	1	1%	0	0%	0	0%	0	0%	0	0%
PROVIDER R	79	46	58%	6	13%	3	50%	3	100%	1	33%

# CHC of Cape Cod -- Provider Chart Patient Screening for Tobacco Use



# Summary of Lessons Learned

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## Facilitators

- Effective project leader/team
- High level clinical champion
- Administrative and clinical commitment
- HIT resources and capacity
- Integration with QI

## Challenges

- Competing health care and operational priorities
- Insufficient staff time dedicated to project
- HIT limitations (i.e., resources; technology; etc.)
- Concurrent transition from paper to EHR system

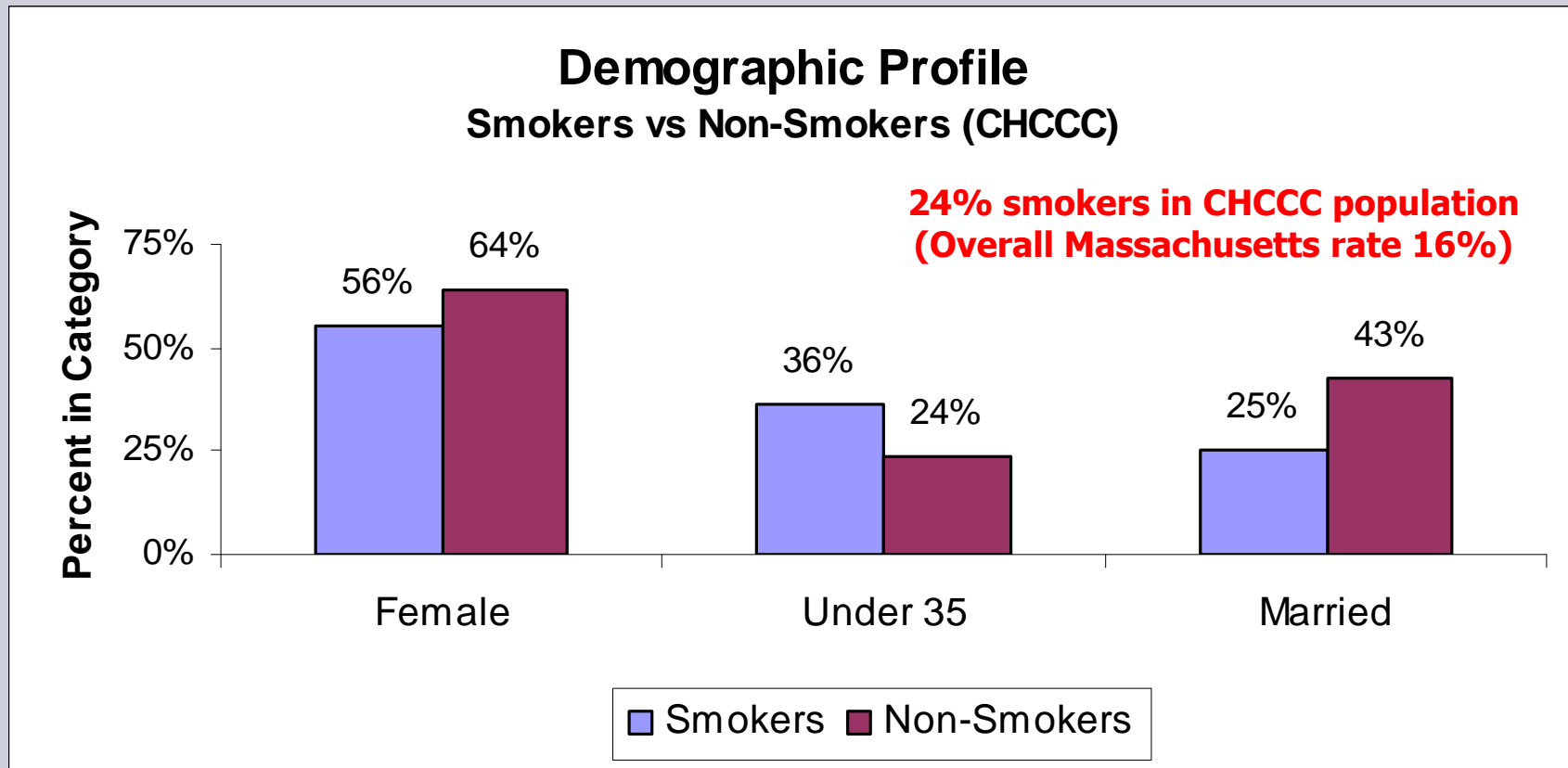
# MTCP Resources for Project

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- Project team: staff and vendors
- Funds for CHCs
- Support for group meetings
- Scholarships for tobacco treatment specialist training (online and in-person)

# Who are the Smokers?

Example: Community Health Center of Cape Cod



Significant differences for gender, age, and marital status ( $p < .05$ )

No significant racial and ethnic differences.

Date Source: Community Health Center of Cape Cod

# CHCCC Screening: By the numbers

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- 5,337 total patients
- 32,743 total office visits
  - Average 3.3 visits per year
  - 94% overall screening rate
  - Higher screening rate for smokers
- 1,320 smokers
  - Smokers are 4.6 years younger
  - Significantly more office visits than non-smokers (3.6 vs 3.2 per year)

# Blind Spots:

## Differences by Patient/Provider

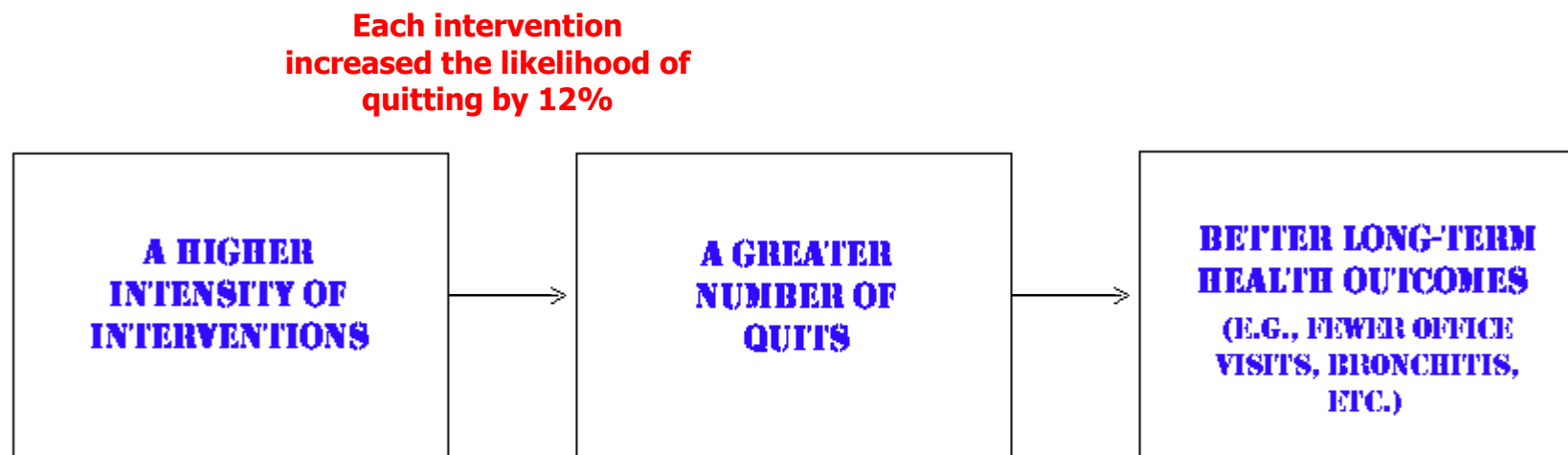
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Screening rates differ by provider and provider type

- Individual providers vary
  - Lower rates for nurse practitioners
  - Lower rates for providers age 35-54
- Differences by type of visit (nursing visits have lower rates)
  - Demographic differences in screening rates
    - Lower for married adults
    - Lower rates for older adults
    - Lower rates for non-whites

# The Basic Model

## Preliminary Results for Community Health Center of Cape Cod



**A post quit spike in office is short-lived and returns to normal level after 8 months**

197 total quits, 123 relapses, smoking prevalence decreased by 0.7%  
Likelihood of quitting increased significantly following each intervention  
Date Source: Community Health Center of Cape Cod

# Summary

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- System strategies can be effective
- CHC's, in particular, offer the right population
- State tobacco programs should partner with CHC's

**Small changes x Large numbers → Successful Quits**

# Contact Information

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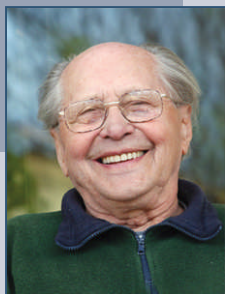
Jo-Ann Kwass

Project Manager

Massachusetts Tobacco Cessation and Prevention  
Program

[jo-ann.kwass@state.ma.us](mailto:jo-ann.kwass@state.ma.us)

617 624-5453



**Make smoking history.**



Massachusetts Department of Public Health, Tobacco Cessation and Prevention Program